

<i>SERFF Tracking Number:</i>	<i>ICCI-127664482</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Medical and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49929</i>
<i>Company Tracking Number:</i>	<i>AML I TERM LIFE RIDER</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>AML I Term Life Rider</i>		
<i>Project Name/Number:</i>	<i>AML I Term Life Rider/AML I Term Life Rider</i>		

Filing at a Glance

Company: American Medical and Life Insurance Company

Product Name: AML I Term Life Rider

SERFF Tr Num: ICCI-127664482

State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-Closed

State Tr Num: 49929

Sub-TOI: L04G.500 Other

Co Tr Num: AML I TERM LIFE RIDER

State Status: Approved-Closed

Filing Type: Form

Author: Brenda Dawson

Reviewer(s): Linda Bird

Date Submitted: 09/30/2011

Disposition Date: 10/06/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AML I Term Life Rider

Status of Filing in Domicile:

Project Number: AML I Term Life Rider

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 10/06/2011

State Status Changed: 10/06/2011

Deemer Date:

Created By: Brenda Dawson

Submitted By: Brenda Dawson

Corresponding Filing Tracking Number: ICCI-127126793

Filing Description:

Please find attached to the form schedule tab the Term Life Benefit Rider that will be offered with Group Accident and Sickness Hospital Indemnity Policy, AML I GRP LM 2.0 POL NE, previously approved by your Department on August 8, 2011 under SERFF Tracking Number ICCI-127126793. This form is new and is not intended to replace any form previously approved by your Department.

Insurance Compliance Consultants, Inc., is making this filing on behalf of American Medical and Life Insurance Company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

SERFF Tracking Number: ICCI-127664482 State: Arkansas
Filing Company: American Medical and Life Insurance Company State Tracking Number: 49929
Company Tracking Number: AMLI TERM LIFE RIDER
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: AMLI Term Life Rider
Project Name/Number: AMLI Term Life Rider/AMLI Term Life Rider

Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendaawson@inscompliance.com
3925 East State Street, Suite 200 815-316-6714 [Phone]
Rockford, IL 61108 815-986-2355 [FAX]

Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

American Medical and Life Insurance Company CoCode: 81418 State of Domicile: New York
8 West 38th Street Group Code: Company Type:
Suite 1002 Group Name: State ID Number:
New York City, NY 10018 FEIN Number: 13-2562243
(646) 223-9300 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Medical and Life Insurance Company	\$50.00	09/30/2011	52343068

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/06/2011	10/06/2011

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Disposition

Disposition Date: 10/06/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ICCI-127664482	State:	Arkansas
Filing Company:	American Medical and Life Insurance Company	State Tracking Number:	49929
Company Tracking Number:	AML I TERM LIFE RIDER		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	AML I Term Life Rider		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Authorization Letter 2011		Yes
Form	[Optional] Term Life Benefit Rider		Yes

SERFF Tracking Number: ICCI-127664482 State: Arkansas

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Company Tracking Number: AMLI TERM LIFE RIDER

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: AMLI Term Life Rider

Project Name/Number: AMLI Term Life Rider/AMLI Term Life Rider

Form Schedule

Lead Form Number: GRP LM 2.0 TLIR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GRP LM 2.0 TLIR	Certificate	[Optional] Term Life	Initial			GRP LM 2 0 TLIR _Term Life Insurance Rider_ 8-31-11.pdf
		Amendmen	Benefit Rider				
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

**American Medical and Life Insurance Company
New York, New York**

[OPTIONAL] Term Life Insurance Rider

This Rider is made a part of the Policy/Certificate to which it is attached. [The consideration for this Rider is the application for this Rider and payment of any applicable premium.]

The Benefits provided by this Rider will not duplicate the Benefits provided under the Certificate and any other Rider.

The following Benefit is hereby added:

Term Life Insurance Benefit:

Upon receipt of proof of death of the Named Insured, We will pay to the Beneficiary the Term Life Insurance Benefit, shown below, for the Named Insured who dies while Coverage is in force under this Rider.

[\$5,000 - \$10,000]

[When We receive proof of a Dependent's death while the Dependent was covered by this Rider, We will pay to the Named Insured the Dependent's Term Life Insurance benefit shown below.]

[Covered Spouse [Domestic Partner] Life Insurance Amount	[\$2,000 - \$4,000]
Covered Dependent Children :	Age 14 days, but less than 6 months [\$100]
	Age 6 months, but less than 26 years of age
	[\$1,000 - \$2,000]]

In the event of a benefit payable due to the Named Insured's death, the Term Life benefit will be paid to the Named Insured's beneficiary. The beneficiary is the person the Named Insured designated in the enrollment form as the beneficiary, unless it was changed at a later date. If a beneficiary was not named or if the person named is not living at the Named Insured's death, any Term Life benefit due will be paid in this order to:

The Named Insured's Spouse or Domestic Partner; or children; or parents; or brothers and sisters; or estate. In the event of a benefit payable due to the death of a Spouse or Domestic Partner or Dependent Child, the Term Life benefit will be paid to the Named Insured, if living, otherwise to the estate of the insured Spouse or Domestic Partner or Dependent child.

If benefits are payable to a Covered Person's estate, We can pay benefits up to \$1,000 to someone related to the Covered Person by blood or marriage who We feel is fairly entitled to them. If We do this, We will have no additional responsibility for this payment because We made it in good faith.

Change of Beneficiary

The Named Insured can ask Us to change his beneficiary at any time. The Named Insured should notify Us, and We will send him the form to complete. The request must be witnessed by someone other than his present beneficiary or his proposed beneficiary and returned to Us at Our home office. The change must be approved by Us. If approved, it will go into effect the day he signed the request. The change will not have a bearing on any payment We make before We receive it.

Suicide Limitation

Death by suicide, while sane or insane (while sane in Missouri) is not covered if it occurs within 12 months from [the Named Insured's] [the Covered Person's] effective date. In such event, We will only refund premiums paid. At Our own expense, We have the right and opportunity to request an autopsy in case of death, where it is not prohibited by law, to determine whether the [Name Insured's] [Covered Person's] death was by or due to suicide.

Conversion Privilege

If a Named Insured's insurance, or a portion of it, terminates because the Named Insured is no longer in an eligible class, the Named Insured is entitled to have issued to him or her, without Evidence of Insurability, an individual policy of life insurance without disability or other supplementary benefits. Application for the individual policy and the first premium must be received by Us within 31 days from the insurance termination date.

The individual policy will be on any one of the forms then customarily issued by Us or Our designee at the age and for the amount applied for, except for term insurance. The converted amount cannot exceed the terminated amount, less the amount of any life insurance for which the Named Insured becomes eligible under the same or any other group policy within 31 days from the termination date. The premium will be at Our then customary rate for the policy form and benefit amount, to the class of risk to which the Name Insured then belongs, and to the Named Insured's attained age on the policy effective date.

If the Policy terminates or is amended to terminate a class, any Named Insured who was insured by the Policy for at least five years before the termination date will be entitled to the same conversion privilege described above. However, the converted amount cannot exceed the lesser of: (1) the terminated amount less the amount of any life insurance for which the Named Insured is or becomes eligible under a group policy issued by Us or another insurer within 31 days; or (2) \$10,000.

We will give notice to the Named Insured of the right to convert within 15 days prior to the date the insurance terminates. If the notice is not given within that time, the Named Insured has 15 days from the date of the notice to convert. But in no event can the Named Insured convert after 60 days have ended from the last day of the 31 day conversion period. Written notice may be delivered or mailed to the Insured by Us to the last known address of the Named Insured.

Death During Conversion Period

If the Named Insured dies during the 31 days allowed to convert insurance and before the conversion policy is issued, We will pay the amount of benefit the Named Insured could have converted minus the premium due for the conversion.

There are no other changes to the Certificate.

TERMINATION

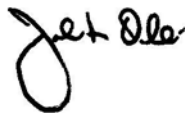
Coverage under this Rider will end on [the earliest of:]

1. the date [a Covered Person's] coverage under the Policy ends[; or
2. the premium due date coinciding with or next following the date We receive a written request to terminate the Rider].

This Rider is endorsed and made a part of the Policy/Certificate as of [its Effective Date] [September 1, 2011] [or] [Your Coverage Effective Date] [whichever is later].

This Rider is subject to all provisions of the Policy which are not in conflict with the terms of this Rider. Nothing in this Rider will be held to vary, alter, or extend any of the terms, conditions, provisions, agreements, or limitations of the Policy other than stated above.

IN WITNESS WHEREOF, the Insurance Company has caused this Rider to be signed by:



Chairman, President and CEO



Vice President & Chief Compliance Officer

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification
Comments:
Attachment:
Cert of Comp. with Rule 19 AMLI TLIR 9-30-11.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application
Comments:
See SERFF Tracking # ICCI-127126743 for the application

Item Status: **Status**
Date:

Satisfied - Item: Authorization Letter 2011
Comments:
Attachment:
auth letter _2011_.pdf

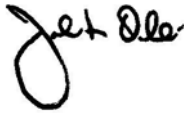
**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: American Medical and Life Insurance Company

Form Number(s):

[Optional] Term Life Rider – GRP LM 2.0 TLIR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.



Signature of Company Officer

John Ollis

Name

CEO and President

Title

September 30, 2011

Date



8 WEST 38TH STREET – SUITE 1002
NEW YORK, NY 10018

MICHAEL F. MURPHY

EXECUTIVE VICE PRESIDENT & CHIEF MARKETING OFFICER

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January 1, 2011

Mr. Brian Camling
President
Insurance Compliance Consultants, Inc.
3925 East State Street, Suite 200
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of American Medical and Life Insurance Company regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. American Medical may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael F. Murphy", with a stylized, looping flourish extending from the end.